WATER DEPARTMENT *Tel # 264-497-1270*

Fax # 264-497-1275

REQUEST FOR DISCONNECTION

			Date:	/
			Ref#	/
I hereby request that the water supp	ly to my prem	nises be disconne	cted on the dat	e below:
Date requested://				
Account No. (s):	/	-	and	-
First Name:		Last Name:		
Address:		Tel No:		
Please note that:		_		
Reconnection fee:	\$50.00			
Transfer fee Minimum	\$50.00			
Signature of the Applicant				Processing Officer
••••••		FICE USE	•••••••	•••••
	·		Work Order #:	
To:	From:			_
Priority:				
Please removed this connection(s) at				
Please removed this connection(s) at				
Please removed this connection(s) at				er:
				oer:
The above disconnection has been carried of	out as follows:		Meter Numb	per:
The above disconnection has been carried of	out as follows: Am/Pm		Meter Numb	
The above disconnection has been carried of Time::	out as follows: Am/Pm		Meter Numb	